April 1st, 2015

Thank you for the opportunity to provide comments on the Shared Nationwide Interoperability Roadmap. I am a principal with eSSee Consulting, a consultancy that works with LTPAC providers to implement health IT, including EHRs. I am also a licensed nursing home administrator in the States of Oregon and Washington, and serve on the Oregon State Board of Nursing Home Administrators (note: these comments are my own and do not reflect the views of the Board or its members).

The proposed ONC Roadmap contains a wealth of thoughtful, articulated ideas for advancing the state of healthcare information technology in the United States. To date, however, federal efforts have largely excluded participation and involvement of long-term post-acute care providers and non-medical home and community based care and social services support organizations, even though these providers are involved with some of the costliest and most medically complex patients. In preparing a roadmap for the future, integrating those segments better will have a profound impact on the ability to meaningfully use healthcare information for the largest consumers of healthcare dollars.

Regarding specific areas of the roadmap, I offer the following feedback-

Clinical care data set:

A common clinical data set is crucial to the future of healthcare and essential to a LHS. The data set should include, in addition to the examples in the draft roadmap, parsed information on advance care wishes (especially and including DNR and other life-sustaining orders). While these items will not be relevant to many patients, they will be critically important to the highest users of the healthcare system; including this information in a way that is easily communicated between providers will save money, reduce waste and better ensure patients' wishes are followed.

Patient/ caregiver portals in LTPAC EHR systems:

Language in the current draft is commendable for including patient representatives as integral parts of a care team. Virtually all current LTPAC EHRs, however, are devoid of any patient/ family portals, and their development will likely be slow going forward. ONC should explore how to better spur technology developers to include patient/ family access to health information stored by LTPAC providers in order to enhance person-centered and engaged care delivery practices in this segment.

The reference to "granular choice" in the permission to disclose protected health information:

Granular choice with regard to PHI is particularly important to those patients who live in health care communities, such as nursing homes, assisted living communities and housing with supportive services. Because of the communal nature of these settings, patients oftentimes wish to share (or have providers share) limited PHI with their friends and neighbors. While HIPAA does allow granular choice, many providers misunderstand the requirements of HIPAA, or find it too hard to maintain a reliable system of control. ONC can help overcome this challenge by facilitating dialogue to create a standards framework for granular information sharing, with input from technology developers, institutional and community-based providers, and OCR.

Measures of success:

While measurement is essential in order to evaluate progress, ONC needs to do more work to ensure that measurements are aligned with objectives, and, in particular, focus beyond mere capability and actually indicate adoption and usability. For instance, Figure 11 on Page 105 states an example measure of "Capability to Exchange in an Interoperable Manner" as "Proportion of LTC and behavioral health providers with the capability to exchange." Many current LTC software solutions offer the ability to exchange information (e.g., a CCD), and, under this measure, providers using those solutions would presumably be counted. However, the current systems are not able to meaningfully use the shared data (partially a result of the lack of common clinical data sets), and the majority of providers that have the capability to exchange the data do not do so because it is not yet in a usable format.

In regards to evaluating measurement opportunities, ONC should specifically solicit information regarding how proposed measures might *not* be indicative of the quality desired, thus offering policymakers a view to "real-world" usage and interpretation of the measurement request.

Appendix H: Priority Use Cases

This appendix is virtually devoid of any use cases aimed specifically at elders and, in particular, those living in LTPAC settings. Given the sheer volume of spending on this particular demographic, it is patently absurd to not focus more energies on use cases where Health IT could result in dramatic reduction in wasteful healthcare spending. Related, ONC should look at cases where health IT could reduce LTPAC providers' habit of cost-shifting because of a lack of financial incentives (e.g, sending to an ED rather than treating in place, prescribing medication to residents in order to reduce staff workload).

Regarding non-specific areas of the roadmap-
Adoption and use of Health IT in LTPAC:

Because of the unique needs and opportunities of utilizing technology in the LTPAC sector, ONC should expand its presence in facilitating dialogue between providers, technology developers, and regulators (primarily CMS). Of particular note, CMS already exercises broad authority to minutely regulate long-term care operations, and ONC could provide technical guidance to update CMS Interpretive Guidelines to include minimum technology use standards and practices.

Health IT inclusive of non-clinical information:

Unsurprisingly, the interoperability roadmap views health IT rather narrowly within the context of regular medical care, which follows from a disease-based model of health understanding. For those who live in LTPAC settings, however, non-clinical technologies can play as big or a bigger role in their health and wellbeing. Moving forward, ONC should begin to look at how other technologies being used in LTPAC settings should rightly be understood as healthcare IT and convene opportunities to bridge interoperability between more traditional medical vendors (e.g, EHRs) and other systems (e.g., recreation and engagement technologies used for therapeutic purposes or social support).

Thank you again for the opportunity to comment on the proposed Nationwide Interoperability Roadmap.

Respectfully submitted,

Sean Carey, NHA, CDM, CFPP